

**DENTAL PROGRAM PROCEDURES FOR VETERANS
HEALTH ADMINISTRATION (VHA) MEDICAL FACILITIES**

- 1. REASON FOR ISSUE:** This handbook delineates Veterans Health Administration (VHA) policies and procedures concerning oral and dental healthcare. It provides guidelines for dental care programs at Department of Veterans Affairs (VA) healthcare facilities.
- 2. SUMMARY OF MAJOR CHANGES:** This VHA Handbook is a total revision of the M-4 for Dentistry manual, dated December 23, 1987.
- 3. RELATED DIRECTIVE:** VHA Directive 1130.
- 4. RESPONSIBLE OFFICE:** The Office of Dentistry (112D) is responsible for the contents in this VHA Handbook.
- 5. RECISSIONS:** M-4 for Dentistry manual, dated December 23, 1987; Directives 10-88-76, 10-90-039, 10-90-055, 10-91-048, 10-91-053, 10-91-128, 10-92-088, and 10-95-087 are rescinded.
- 6. RECERTIFICATION:** This VHA Handbook is scheduled for recertification on or before the last working day of December 2003.

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Under Secretary for Health

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CONTENTS**DENTAL PROGRAM PROCEDURES FOR VETERANS
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PARAGRAPH	PAGE
1. Purpose	1
2. Local Dental Policies and Procedures	1
3. Treatment Recommendations	1
4. Responsibilities of Dental Service Staff	1
5. Inpatient Dental Program	2
6. Outpatient Dental Program	6
7. Extended Care Dental Program	17
8. Dental Laboratories	18
9. Custody and Disposition of Artificial Teeth and Precious Metals	20

DENTAL PROGRAM PROCEDURES FOR VETERANS HEALTH ADMINISTRATION (VHA) MEDICAL FACILITIES

1. PURPOSE

This handbook promulgates the policies and mandatory procedures for implementation of the oral and dental care programs at the Department of Veterans Affairs (VA) healthcare facilities throughout the country. It provides the basic principles for effective oversight. Under current statutes codified in Title 38 United States Code (U.S.C.), as amended, VA provides oral health services to eligible veterans therein specified. All VA medical centers and selected outpatient clinics provide oral and dental examinations and treatment. As VA facilities reorganize, many Dental Clinics may be operating under various other titles. For the purposes of this handbook, the term dental services will refer to the dental and oral healthcare provided by VA. Dental Program or Dental Service refers to the on-site operation. The Dental Program operates in conjunction with other elements of the Veterans Health Administration (VHA), and in accordance with the policies of the Secretary of Veterans Affairs and the Under Secretary for Health.

2. LOCAL DENTAL POLICIES AND PROCEDURES

As adjunct to this handbook, each facility will develop local dental policies and procedures in two formats. A Dental Service Policy and Procedure Manual will relate to matters internal to the Dental Service itself. The Paperwork Reduction Disk developed by the dental field advisory group and distributed to the field in 1992 may be used as a guide in the development of these policies. The other format will relate to matters that impact upon the operations of other individuals or Services within the facility or that will require cooperation between Services. These will usually be published as facility memoranda over the signature of the facility's Director, or designee.

3. TREATMENT RECOMMENDATIONS

The care provided to patients will be in accordance with the provisions of existing law and regulations. See 38 U.S.C., sections 1710(c) and 1712, and 38 Code of Federal Regulations (CFR) sections 17.160 through 17.166. The type and extent of treatment recommended and authorized must be of sufficient quantity and quality to meet VA's responsibility of providing the beneficiary a satisfactory and professionally acceptable episode of treatment.

4. RESPONSIBILITIES OF DENTAL SERVICE STAFF

a. Dental Service personnel are expected to be familiar with the provisions of this handbook as well as local policies and procedures, and to conduct their activities in accordance with those provisions. They should be able to accurately explain them, as necessary, to patients, other VA employees, and the general public.

b. The Chief, Dental Service, or designee, has primary responsibility for operation of the dental program and management of related professional and administrative activities. Any changes in local dental policies and procedures should be promptly published and all staff

informed. **NOTE:** *As facilities reorganize, titles may change and vary nationally. For the purposes of this handbook, the term, Chief, Dental Service, will refer to the dentist placed in charge of the clinic by management.*

c. The Chief, Dental Service, or designee, is the local liaison to dental professional organizations, other government agencies, participating dentists, and other departments within VA. All professional communications will be through the Chief, Dental Service, or designee. Matters pertaining to interpretation of policy or mandatory procedures will be transmitted through appropriate channels to VHA Headquarters Office of Dentistry (112D) for clarification.

5. INPATIENT DENTAL PROGRAM

a. **Scope.** Dental Services in healthcare facilities are responsible for providing only dental care that is essential to the patient's medical needs. Dental care will include treatment of trauma, control of pain, and elimination of acute infection. It may be extended to provide definitive care to maintain or augment adequate masticatory function, improve appearance, and correct speech deficiencies, as consistent with the priorities for dental care outlined in subparagraph 5c.

b. **Hospitalization for Oral Conditions.** Hospitalization of VA beneficiaries for oral and dental conditions will be accomplished in accordance with the prescribed policy for all admissions. The veteran will be referred to Dental Service for consultation and a professional determination as to the need for admission. Patients admitted for dental care must be given the same careful medical evaluation as those admitted to other Services. This evaluation may be provided by a physician member of the medical staff, or by a qualified dentist who has clinical privileges to render such service. A physician will be responsible for the care of any medical problem that may be present at the time of admission or which arises during the course of hospitalization.

c. Priorities for Dental Care

(1) **Policy for Establishing Priorities.** VA Dental Services examine and treat both inpatient and outpatient beneficiaries. It is not the established mission of VA to provide dental care to all veterans or even to all those who are hospitalized. Aside from emergency care, dental treatment for inpatients will be dependent on whether the dental problem is detrimentally affecting a medical condition. Since VA dental resources are limited and must be used judiciously, the law specifies that dental treatment will be provided on the basis of priorities. The Chief, Dental Service, or designee, will develop and implement clinic policy to:

(a) Ensure treatment recommendations for inpatients are correlated to the patient's medical profile and that this information is used as the basis for determining priorities for care. Policies will ensure that if inpatients also have classification as dental eligible, they will have their outpatient eligibility established by the appropriate administrative office.

(b) Organize and allocate existing dental resources to provide dental treatment in accordance with the priorities described in subparagraph 5c(2).

(c) Ensure that the extent of care for each patient will be in accordance with subparagraph 5d.

(2) Determination of Priorities for Dental Care

NOTE: Prioritization of dental care is resource dependent and has two critical drivers: the emergent nature of the condition, and eligibility for outpatient dental care. Prioritization of care cannot always be separated into inpatient or outpatient categories since the drivers will determine scheduling of the dental intervention. This paragraph consolidates the concepts for prioritization of dental care. Dental Service's effectiveness in meeting the treatment needs of both inpatients and outpatients is critical. This effectiveness is determined through careful consideration of each patient's particular circumstance, i.e., eligibility, dental problems and relationships to medical condition, emergency need, etc. The degree of treatment commitment to the inpatient population and legally eligible outpatient cases must be determined through the firm establishment of Priorities for Care and Extent of Care.

(a) Priority I. Inpatients and outpatients whose statutory eligibility, dental emergencies, compelling medical needs and/or long-term hospitalization place them in top priority consideration for treatment. These are listed alphabetically, as follows:

1. Classes I through VI legally eligible outpatient dental beneficiaries, as defined in subparagraph 6c.
2. Domiciliary patients (long-term).
3. Emergency dental care.
4. Inpatients, Service Connected (SC) or Non-Service Connected (NSC), with compelling medical need for dental treatment.
5. Inpatients who have been hospitalized continuously for 100 days or more, i.e., extended care.
6. Nursing home care unit patients.
7. Patients having a compelling medical need for continuation of dental care on a post-hospital, outpatient basis.
8. Specially designated inpatients and outpatients such as those provided for under approved sharing agreements, eligible allied beneficiaries, and employees officially authorized treatment for work-related injuries or conditions, etc.

(b) Priority II. Hospitalized veterans whose dental conditions are not considered to be adjunct to their medical problems.

(c) Priority III. Inpatients who do not qualify under Priority I and who, unless covered by the provisions of an approved sharing agreement, are:

1. Active duty military personnel.

2. Military retirees.

d. **Determination of Extent of Dental Care.** Once a patient's eligibility for dental care has been properly determined and the priority established, the Extent of Care must be determined. The extent of care is as important in properly allocating dental resources as establishing eligibility and priorities for care, since over-treatment can rapidly dissipate available resources.

e. **Combining Priorities for Care and Extent of Care into an Equitable Treatment Protocol**

(1) VA is obligated to fulfill the requirements of the statutes enacted by Congress and to follow their intent with fidelity. Every Dental Service has the responsibility to provide care on the basis of controlled priority and individual prescription. A clearly defined treatment plan that is in harmony with these precepts will more readily ensure compliance with these requisites.

(2) No authority exists, nor can there be any justification for providing non-emergent dental care for anyone in Priorities II or III until all the treatment needs of Priority I patients have been satisfied or are in the process of resolution, including those under treatment and transferred from other facilities for necessary continuation of treatment. There is no authority to provide dental care to lower priority patients because it fulfills the criteria for a "teaching case." If a training program is dependent upon the availability of types of cases that do not normally occur or are unavailable in sufficient numbers, the scope of that program must be reevaluated.

(3) While VA has the responsibility to provide dental care on a priority basis, it does not have the obligation to provide dental care in excess of that for which a veteran is eligible or which goes beyond the scope necessary to resolve that which is complicating a medical problem. For example, a patient's medical problem may require only the removal of foci of infection. Even though VA may edentulate a patient to resolve the dental condition's impact on a medical problem, VA is not obligated to provide prostheses for this patient. Unless the patient is a long-term inpatient or has specific legal eligibility for comprehensive care as a VA beneficiary or there remains a compelling medical need for the additional care, VA will have discharged its obligation and the case should be closed.

f. **Refusal to Accept Dental Services.** In those instances where patients refuse to accept Dental Service's recommendations or do not cooperate in receiving treatment, a statement of the facts will be entered in the progress notes and dental record for consideration and appropriate disposition by the patient's primary care physician and the Chief, Dental Service, or designee.

g. **Continuation or Termination of Treatment**

(1) **Designation of Dental Treatment Status Prior to Discharge.** Prior to discharge and as early during the hospital stay as possible, it will be incumbent upon the primary care physician and the Chief, Dental Service, or designee, to coordinate the proper disposition of patients for whom dental care is in progress or is to be initiated during hospitalization. Proper planning must occur in order to avoid extending inpatient status for the sole purpose of completing dental care. When discharge is imminent, a determination must be made whether the dental treatment provided has accomplished the intended objectives with relation to the medical condition of the patient. If essential dental treatment has been completed, inpatient dental care will be terminated. If essential care remains, the discharge planners must determine whether it will be continued with the patient as a bed occupant or as an outpatient. Except in unusual circumstances, patients being discharged to contract nursing homes or hospital-based home care should have all necessary care completed prior to discharge. If inpatient dental treatment has resulted in depletion of the patient's dentition, no commitment for prosthetic replacements should be made unless outpatient Class I through VI dental eligibility has been established.

(2) **Post-Discharge Treatment for Veterans with Statutory Eligibility for Outpatient Dental Care - Classes I through VI Status**

(a) **Classification.** Dental care of inpatient veterans with clear statutory outpatient dental eligibility will be completed on an outpatient basis when such treatment cannot be completed prior to discharge. The patient's eligibility will be determined by the administrative service and the veteran must be classified under one of the Class I through VI categories.

(b) **Referral.** When circumstances preclude outpatient dental treatment at the discharging facility due to geographic inaccessibility, the patient administrative service will determine if there is another VA healthcare facility within reasonable distance from the veteran's residence that can provide the care in a timely manner. If this is not available, other alternatives, such as referring the patient for care under an existing contract or sharing agreement, or on a dental fee-basis should be considered.

***NOTE:** A VA beneficiary will not be referred for fee-dental care without a valid and justifiable reason. The decision for fee-dental care is not the prerogative of the veteran but is a VA decision based on the lack of availability of VA or other Federal resources to provide the needed care. In all cases where referral takes place, the veteran will be notified and fully apprised of the action taken.*

(3) **Post-Discharge Outpatient Dental Treatment for Veterans Who Do Not Qualify Under Classes I-VI**

(a) **Classification.** If a patient who does not have a Class I through VI eligibility requires post-discharge dental care, the Chief, Dental Service, or designee, in coordination with the responsible staff physician, must arrange for the continuation of care prior to discharge. The patient should be classified as either Outpatient Service Connected (OPT SC) or Outpatient Non-Service Connected (OPT-NSC) depending upon if the medical treatment involves a service connected disability.

(b) **Professional Considerations.** For whatever extent of dental care is to be provided, there must be an understandable and defensible position based on sound professional judgment relative to the dental impact on the medical problem. The patient's inability to defray the cost of private dental care should not be a factor in determining the extent or limitation of dental treatment, which will be provided by VA. At time of discharge from the hospital, any remaining definitive dental care which does not significantly relate to a medical problem should be terminated. The only exceptions are situations, which would clearly constitute abandonment of a patient under treatment, such as need for post-operative evaluation, sutures in place, etc. Under these circumstances, those essential components of the dental treatment should be completed at the earliest possible opportunity. In cases where treatment is not to be continued, the veteran must be informed of any need for further care and counseled to seek it elsewhere. It is medicolegally important that such counseling be documented in the medical and dental record.

(4) Treatment Continuation for Patients Who Relocate to Another Geographic Area

(a) After discharge, when dental care is initiated for patients in categories OPT SC and OPT-NSC, Classes III, V, and VI, the course of treatment must be explained to the patient with the understanding that the continuation of care pertains to that local facility only. The patient should be requested to sign a statement expressing this understanding prior to the onset of treatment other than emergency care.

(b) If a patient in categories OPT SC and OPT-NSC, Classes III, V, and VI, relocates to another geographic area, the Dental Service at the new facility should make an evaluation to determine if the patient meets the extent of care criteria for the network and if resources are available to provide care. It is the responsibility of the initiating facility to clearly inform the patient of this possibility if the patient relocates.

6. OUTPATIENT DENTAL PROGRAM

a. **Administrative Responsibilities.** The administrative responsibilities of the Chief, Dental Service, or designee, in connection with the outpatient dental program, are contained in M-1, Part I, Chapter 19.

b. **Maximum Use of VA Dental Resources for Treatment of Eligible Service Connected Veterans.** High quality and cost-effective outpatient dental treatment for eligible veterans will be provided by VA Dental Services. All VA dentists are expected to be knowledgeable concerning Dentistry's role in the mission of VA and their responsibility in:

- (1) Establishing and maintaining priorities of care,
- (2) Understanding and exercising constraints in extent of care consistent with VA obligation, and
- (3) Properly terminating care when indicated.

c. **Persons Eligible for Outpatient Dental Care.** Dental treatment for outpatients relates to statutory eligibility granted to veteran beneficiaries, such as former Prisoners of War (POWs), those with service connected dental conditions related to trauma, etc. This eligibility is categorized as follows:

(1) **Classes I through VI Dental Beneficiaries.** Outpatient dental benefits will be furnished to veterans in accordance with the provisions of existing law and regulations. ***NOTE:*** *See 38 U.S.C. sections 1710(c) and 1712, and 38 CFR sections 17.160 through 17.166.* The definitions of classifications of eligible dental outpatients are as follows:

(a) **Class I.** Those having a service connected compensable dental disability or condition are eligible for any dental care, reasonably necessary to maintain oral health and masticatory function, including repeat care.

(b) **Class II.** Those having service connected noncompensable dental conditions or disability shown to have been in existence at time of discharge or release from active duty may be authorized any treatment as reasonably necessary for the one-time correction of the service connected noncompensable condition, but only if:

1. They are discharged or released under conditions other than dishonorable, from a period of active military service of not less than 180 days. In the case of Gulf Era veterans, they are discharged or released under conditions other than dishonorable, from a period of active military service of not less than 90 days.

2. Application for treatment is made within 90 days after such discharge or release.

3. The certificate of discharge or release does not bear certification that the veteran was provided, within the 90 day period immediately before such discharge or release, a complete dental examination (including dental x-rays) and all appropriate dental treatment indicated by the examination was completed.

(c) **Class II(a).** Those having a service connected noncompensable dental condition or disability adjudicated as resulting from combat wounds or service trauma are eligible for repeat care for the service connected condition(s).

(d) **Class II(b).** Those having a service connected noncompensable dental condition or disability and who were POWs for less than 90 days are eligible for repeat care for the service connected condition(s).

(e) **Class II(c).** Those who were POWs for 90 days or more are eligible for any needed dental care, including repeat care.

(f) **Class III.** Those having a dental condition professionally determined by VA to be currently aggravating a service connected medical condition are eligible for dental care to satisfactorily resolve the problem. Eligibility for each episode of dental care must be predicated on referral and application, followed by a new evaluation.

(g) Class IV. Veterans whose service connected disabilities have been rated at 100 percent or who are receiving the 100 percent rate by reason of individual unemployability are eligible for any needed dental care, including repeat care.

(h) Class V. A service connected, disabled veteran who has been approved by VA for vocational rehabilitation training and for whom an objective has been selected, or who is pursuing this training, may be provided dental care to the extent the VA dentist determines it is necessary to:

1. Make it possible to enter the training program,
2. Prevent interruption of the training,
3. Hasten the return to training status which became interrupted because of a dental condition, or
4. Overcome significant adverse esthetic or speech problems where specific goals of rehabilitation, including employability, would not be achievable due to the uncorrected dental handicap.

NOTE: *This benefit may be extended for 3 years following the completion of the training program if the individual gains employment as a result of completing the program.*

(i) Class VI. Any veteran scheduled for admission or who is receiving outpatient care under 38 U.S.C. may receive dental care if the dental condition is clinically determined to be complicating a non-service connected medical condition currently under VA treatment. Eligibility for each episode of dental care will be predicated on referral and consultation, followed by a decision based upon clinical judgement.

(2) Prioritization of Care and Use of VA Resources in the Treatment of Classes I-VI Dental Outpatients. The resources of each facility's Dental Service must be reserved and allocated primarily for its effective responsiveness to the Classes I-VI outpatients and those inpatients with compelling medical needs for dental care. To this end, no commitment will be made for the continuation of inpatient dental care following discharge unless it is professionally determined to be essential or the veteran is eligible to receive the remaining care under Classes I-VI eligibility. VA resources, i.e., funding, staffing, specialty support, etc., are limited and are not always equally distributed among all VA healthcare facilities. There may be variations in the type and extent of care provided to dental outpatients at various VA facilities under Class III, Class V, and Class VI categories. To make maximum use of resources available these patients should only be provided dental care to resolve the problem complicating a related medical condition currently under treatment or to assist the veterans in completing their vocational rehabilitation training programs.

(3) Post-hospital Discharge Dental Beneficiaries. Veterans who have no service connected eligibility to outpatient dental care may be provided outpatient dental treatment within the resources of VA facilities, only when both of the following requirements are met:

(a) The treatment is a continuation of dental treatment which was begun while the veteran was receiving hospital care, and

(b) The Chief, Dental Service, or designee, determines at the time of hospital discharge, that the continuation or completion of such care remains necessary in relation to the medical problem(s) for which it was initially prescribed.

(4) **Other Beneficiaries.** Other beneficiaries who may be eligible for dental care in VA dental clinics on an outpatient basis, subject to and consistent with the provisions of existing laws, VA regulations, and the availability of VA resources are:

(a) Armed Forces Personnel on Active Duty

1. Authority from the Commanding Officer of the military installation should accompany the request for dental treatment. However, if extenuating circumstances are present, treatment of an emergent dental condition may be accomplished prior to the receipt of authority.

2. Emergency dental treatment for members of the Armed Forces on active duty will be limited to such treatment as is found necessary for the relief of pain, and control of acute infection, trauma, or hemorrhage.

(b) Military Retirees. Since there is no legal authorization for interagency reimbursement, retired members of the uniformed services are not to be provided outpatient dental care unless one of the following conditions applies:

1. The retiree qualifies for dental treatment as an eligible veteran under the provisions cited in subparagraph 6c(1).

2. VA dental care of retirees is a provision of a jointly approved sharing agreement between a VA facility and a Department of Defense (DOD) unit.

3. Treatment is specifically pre-authorized by DOD.

4. The retiree presents to a VA medical facility with an acute dental problem that qualifies for emergency dental treatment under the provisions of a VA-DOD sharing agreement.

(c) Allied Beneficiaries. Dental care may be provided for persons who are pensioners of nations allied with the United States in World War I or World War II when they are properly referred by authorized officials under the conditions stipulated by the Secretary.

(d) VA Employees. Following referral from the employee health section, emergency dental treatment for VA employees may be provided only to the extent necessary to permit employees to remain on duty. Employees with emergency conditions for which follow-up care or complications would be anticipated will be advised to seek private care. Injuries incurred in performance of duty will receive necessary emergency treatment.

(e) Beneficiaries of Sharing Agreements. Sharing resources with community facilities and other Federal, state, or local government agencies can enhance mutual efficiency and economy of operations. **NOTE:** *Guidelines concerning sharing agreements can be obtained from the Medical Sharing Office in VHA Headquarters.* Agreements are generally initiated and developed at the VA facility level, but are subject to VHA Headquarters review and approval. In those instances where VA is providing services for a non-VA agency, beneficiaries of the care are considered legitimate workload for VA, but it is emphasized that such care must not reduce or otherwise compromise the treatment services to veterans. The Chief, Dental Service, or designee, should be involved in the negotiations when dental care is part of a proposed sharing agreement and must be prepared to act upon workload estimates and to provide reasonable costing information in accordance with existing guidelines. Entering into sharing arrangements on that basis is encouraged. Several generic arrangements are possible:

1. The non-VA agency provides services for which the VA facility pays.
2. The VA facility provides services for which the non-VA agency pays.
3. Combinations of the preceding.

(5) **Notification of and Charges for Treatment Provided to Other Beneficiaries.** The Federal agency concerned will be notified of the dental treatment provided and records of such services will be referred to the appropriate medical administrative section for processing.

d. **Emergency Outpatient Dental Treatment Provided by VA Staff.** Under certain conditions, outpatient emergency dental care may be provided as a humanitarian service to individuals who do not have established dental eligibility. Such treatment will be restricted to the relief of pain, infection, hemorrhage, or trauma, or to alleviate any dental condition which is determined to be a serious threat to health or endangering life itself. The provision of emergency dental treatment will not entitle the applicant to further dental treatment unless the person is found to have eligibility for VA outpatient dental care. Individuals provided emergency dental treatment who are indeed ineligible for such care will be billed in accordance with VA policy. Procedures are as follows:

(1) Veterans presenting at VA medical facilities requesting treatment for acute pain, infection or trauma of dental or oral origin should initially be seen in the reception or admission area for administrative processing and triage. Triage will include, if applicable, verification of any service-connected medical disability for which there is a potential for adjunct (Class III or VI) dental care.

(2) If the patient has no eligibility or limited eligibility for outpatient dental care, the patient will be informed of this fact by administrative personnel and advised that if emergency treatment is provided for which no eligibility exists, the patient will be billed for the treatment. The patient must seek further remedial care in the private sector. If the applicant is not eligible to receive treatment from VA, the eligibility clerk will sign the statement of ineligibility on VA Form 10-2570g, Dental Outpatient Emergency Referral and Treatment Record. The applicant will be asked to complete the information requested and sign the statement of understanding about emergency dental care and billing.

(3) Dental Service personnel will examine the patient to determine the action to be taken. Options are as follows:

(a) If the condition will require hospitalization, the patient will be returned to the admitting area with the necessary documents for admission.

(b) If it is determined that the dental condition is amenable to treatment on an outpatient basis and is of such nature that immediate attention is not required, the applicant will be returned to administrative personnel for possible referral to community resources.

(c) If the dental condition is considered emergent, appropriate care may be provided.

(4) Upon completion, a brief description of the emergency treatment provided will be recorded, signed by the treating dentist and returned to the office responsible for billing.

(5) Category C veterans must agree to pay the applicable outpatient co-payment in order to receive emergency examinations, diagnostic and/or treatment procedures.

e. **Determinations of Eligibility.** Applications for outpatient dental treatment will be received and processed for eligibility determination by the section responsible for eligibility procedures.

(1) **Dental Care as Adjunct to Service Connected Medical Condition(s) (Class III Dental Outpatient).** In applicable situations, VA physicians responsible for the outpatient management of veterans with service connected disabilities will identify the service connected medical condition(s) they consider is being aggravated or compromised by the current dental problem and request dental care as an adjunct. Upon receipt of a request for adjunct care, the Chief, Dental Service, or designee, will be responsible for diagnosing the dental problem(s) and for determining the dental treatment. The extent of care will be related to only those dental conditions, which, in sound professional judgment, are having a direct and materially detrimental effect upon the service connected medical condition(s). These determinations are equally appropriate whether the veterans will be treated by VA staff dentists or by fee-basis dentists. In either instance, the extent of dental care will be governed by the following considerations:

(a) The current dental condition(s) is of sufficient magnitude to adversely affect the medical condition under treatment.

(b) The amount or extent of dental treatment that is necessary to help improve the medical condition of concern. **NOTE:** *Comprehensive dental treatment will not be routinely provided.*

(c) If dental care is provided, when the episode of treatment has been completed, the case is to be considered completed and treatment terminated. Providing another episode of dental care is predicated by referral from the patient's VA physician and is based on the adjunct need for dental care as determined by the Chief, Dental Service, or designee.

(2) **Providing Dental Care for Pre-Bed Care and Consultative Outpatients. (Class VI Dental Outpatients).** VA physicians may request outpatient dental care for pre-bed care patients awaiting medical or surgical procedures, e.g., prior to cardiac valve replacement surgery, prior to hip or knee joint implant replacement surgery, prior to head and neck radiation therapy, etc. A veteran may be referred for consultative outpatient dental care if the dental condition is clinically determined to be complicating a medical condition currently under VA treatment. Each episode of care will be predicated on referral. The extent of care will be related to only those dental conditions which, in sound professional judgment, are having a direct and materially detrimental effect upon the medical condition(s) cited by the referral. These determinations are equally appropriate whether the veteran is to be treated by VA staff dentists or on fee basis. The extent of dental care will be governed by the following considerations:

(a) The current dental condition(s) is of sufficient magnitude to adversely affect the medical condition under treatment.

(b) The amount or extent of treatment that is necessary to help improve the medical condition of concern, e.g., elimination of foci of dental and oral infections. **NOTE:** *Comprehensive dental care will not routinely be provided.*

(c) If dental care is provided, when the episode of treatment has been completed, the case is considered completed and treatment terminated. Providing another episode of dental care is predicated by referral from the patient's VA physician and is based on the adjunct need for dental care as determined by the Chief, Dental Service, or designee.

f. **Compensable Service Connected Dental Disabilities**

(1) Veterans who have compensable service connected dental disabilities, i.e., Class I dental beneficiaries, rated under the 9900 series of the Schedule for Rating Disabilities, by the nature of their service connected disabilities, have special need for comprehensive programs of oral hygiene, preventive dentistry, and periodic maintenance.

(2) These veterans should be encouraged to receive periodic oral examinations, at least annually. A follow-up program should be established at the responsible VA facility, when feasible, or with a fee-basis dentist. Each episode of fee-basis dental care will be based on a separate claim and pre-authorization.

(3) There are times when there is confusion concerning dental authorization for outpatient dental care for veterans who have other rated, compensable service connected conditions of the head and neck area. Such conditions as loss of soft tissue, scarring or cranial nerve involvement may have significant impact on oral function even though there may be no physical trauma to the dental structures, per se. These non-dental conditions, which are rated under other series, are considered medical conditions. The decision as to whether or not dental care will be authorized as Class III or Class VI adjunct care, will be professionally determined.

g. **Class II Dental Treatment**

(1) **One Episode of Class II Treatment.** When Class II eligibility for one-time episode of dental care has been exhausted by satisfactory completion of the authorized treatment, no further Class II authorization will be issued. If any Class II dental outpatient has not received authorized treatment (by no fault of the Dental Service) within 3 years after filing application, they will be presumed to have abandoned their claim for dental treatment.

(2) **Dental Prostheses - Class II.** Following the completion of other aspects of authorized care, the furnishing of serviceable prostheses to replace missing service connected teeth will complete Class II eligibility for treatment. Once adjustments are satisfactory, the case must be closed.

(3) **Periodontal Conditions - Class II.** Specific treatment authorized for non-compensable service connected or service-incurred periodontal conditions of Class II beneficiaries is expected to provide maximum benefit by the time that episode of care is completed. When that treatment is satisfactorily completed, as authorized, VA will not furnish any further treatment or follow-up for the periodontal condition.

(4) **Impacted Teeth - Class II.** Impacted teeth are a developmental condition. Consideration for surgical extraction should be based on sound professional judgment to resolve existing pathology or symptoms.

(5) **Malposed Teeth - Class II.** Malposed teeth are considered a developmental abnormality and a pre-existing condition. This malalignment has not occurred as a result of military service and VA will not provide orthodontic care.

(6) **Veterans with Orthodontic Appliances - Class II.** When veterans arrive at VA facilities with orthodontic appliances and have not had their treatment completed by the military prior to their discharge, they must be instructed to contact the dental clinic at their last active duty military assignment to arrange for completion of the care. If the military does not complete the orthodontic treatment, VA will not assume the responsibility of any phase of the orthodontic care.

h. **Disabilities Incurred During Subsequent Period of Service.** Veterans who have had treatment completed based on eligibility established by prior military service, or who did not file timely applications with VA following prior military service, will be furnished Class II treatment only for the dental conditions incurred during their latest period of service.

i. **Amended Ratings.** Treatment may be authorized for additional service connected dental disabilities or conditions granted by an amended rating subsequent to completion of the initial episode of treatment. Authorizations will be limited to treatment of the additional service connected dental disabilities established by the amended rating.

j. **Class II Beneficiaries Who Receive Care Under Other Than Class II Episodes of Care.** Beneficiaries will be considered to have had one-time completion of Class II benefits and certification of exhaustion of those benefits will be annotated if all the dental care to which they were entitled was furnished during VA hospitalization or under Class III, Class V, or Class VI authorizations.

k. **Beneficiaries Referred for Dental Evaluation Prior to Determination of Eligibility for Outpatient Dental Treatment.** When it cannot be determined from available records that the beneficiary is eligible for outpatient dental treatment and the veteran has been referred to determine the need for dental care, the oral examination will consist of careful clinical evaluation, including radiographs, if indicated. When the oral examination reveals the need for routine dental care, the patient will be advised and informed that VA cannot furnish the treatment unless eligibility is established. An entry to this effect should be made in the appropriate record. Emergent dental care, if needed, may be provided.

1. Oral Disability Evaluation Examinations for Compensation and Pension Rating Purposes

(1) **Requirements for Oral Evaluation Examination.** In all cases for rating purposes of oral conditions, and where a possibility exists that oral conditions may have a bearing on other conditions to be rated, a complete oral examination will be conducted by a dentist.

(2) **Oral Evaluation Procedures.** Requests for an oral examination can be submitted to the Dental Service. Examination findings must be accurately and comprehensively reported in the dental record. Findings should be supported by both intra-oral and extra-oral radiographs and reports of any laboratory data, as required. The evaluation should include but not be limited to the following:

(a) Pertinent history.

(b) Physical findings as related to pathosis, abnormalities, and dysfunction, i.e.:

1. Loss of substance and extent, i.e., hard and soft tissue;

2. Scarring and extent;

3. Deformity and extent;

4. Paresthesia, to include the location, degree, and extent;

5. Limitation of motion and extent;

6. Abnormalities of speech, and

7. Dysfunction and extent.

(c) Significant dental findings, i.e., malocclusion, periodontal disease, adequacy of masticatory function, serviceability of existing prostheses, etc., should be described.

(d) In cases pertaining to gunshot wounds, fractures or other abnormalities of the mandible or maxilla where there is loss of substance, deformity, scars, paralysis, or any visible residuals, unretouched photographs showing the condition should be submitted. In cases where there is

limitation of motion of the temporomandibular articulation, or where there is deviation of the mandible, the extent of the limitation of motion or deviation must be recorded, including a description of any resulting malocclusion.

m. **Responsibility of Chief, Dental Service - Outpatient Fee Dental Administration.** The Chief, Dental Service, or designee, is responsible for coordinating the policies of outpatient fee dental administration and making revisions to the VA Schedule of Maximum Allowances for Fee Dental Services in their area of responsibility.

n. **Procedure for Recommending Changes to Schedule of Maximum Allowances for Fee Dental Services**

(1) **Review Procedures for Annual Survey of Dental Fees**

(a) The Chief, Dental Service, or designee, of the facility having the responsibility for revisions to the schedule of maximum allowances for their area will, at least annually, review the VA schedule with the responsible patient administrative representative.

(b) Once this review is completed by the facility or in conjunction with other VA Dental Services within the area, appropriate changes to the schedule may be indicated. Some of the following information may be used in making revisions:

1. Fees may be adjusted based on survey results. **NOTE:** *Generally, a regional or area survey of general dentists' usual and customary fee submission corresponding to the 75th percentile is considered to be reasonable for patient accessibility.*

2. The most recent Survey of Dental Fees completed by the American Dental Association.

3. The use of any commercially available software program listing fees by zip codes or area.

(2) **Distribution of Revised Schedules.** After the schedule has been revised, an effective date must be established to allow time for the distribution of the revised schedules. Distribution of these schedules will be made by the Chief, Dental Service, or designee, and must be restricted to Fiscal Service or the appropriate administration service at the affected facility or facilities on a "need to know" basis only. All cases authorized prior to the effective date of the updated schedules must be paid in accordance with the allowances in effect at the time of authorization.

(3) **Communication to State Dental Association.** Each fee basis dentist must not bill VA more than their usual and customary fees charged to the general public. It is prohibited to provide a copy of the VA Schedule of Maximum Allowances for Fee Dental Services to outside parties since it is not considered essential for the submission of their usual and customary dental fees. In addition, this action will avoid any implications that VA is involved in price fixing. Negotiations with state dental associations are not permitted for the establishment of VA maximum allowances. Neither dentists, dental societies nor state dental associations will be notified when fee changes take place since it is the responsibility of each practitioner to submit their own usual and customary fees.

o. **Requirement for Second Opinion Examination.** Current statutes require that a "Second Opinion" clinical examination of the veteran be obtained in all cases where the total of a fee dental treatment plan exceeds \$1,000. The appropriate administrative services and Dental Services should coordinate in fulfilling the following procedures:

(1) When a fee dental treatment plan exceeds \$1,000, the administrative service will contact the veteran and inform him that a second examination is necessary. The dental radiographs and VA Form 10-2570, VA Staff Dental Outpatient Record, (excluding the fee dentist's treatment plan) will be forwarded to a specified VA healthcare facility to establish a date and time to examine the veteran. All VA healthcare facilities will fully participate in this program.

(2) A VA dentist will examine the veteran to determine dental problems and establish an independent treatment plan which will provide a reasonable and satisfactory resolution. The two treatment plans and radiographs will be reviewed by the Chief, Dental Service, or designee, and a judgment made as to which plan is most cost-effective. If the VA plan is selected, the following procedures will apply:

(a) If the veteran resides in an area that is geographically accessible to a VA facility and treatment can be initiated in a timely fashion, the veteran should be treated at that facility.

(b) If the veteran cannot be provided timely care by VA or if the veteran is not geographically accessible to a VA facility, a VA dentist will contact the fee dentist to state that a second opinion has determined that another treatment plan would be satisfactory and more reasonable. If the fee dentist will treat according to the altered treatment plan, then authorization can be made. If not, the veteran will be instructed and authorized to seek another dentist.

(3) If a VA healthcare facility is not available within a reasonable geographic commuting distance of the veteran's residence, the Chief, Dental Service, or designee, will request that the patient contact a second dentist in the private practice of general dentistry near the veteran's residence. The VA dentist, or designee, must explain the legal need for a second dental examination. The veteran's radiographs (received from the first fee dentist must be remounted by VA for anonymity) and forwarded to the second dentist with VA Form 10-2570d, Dental Record, Authorization and Invoice for Outpatient Services, containing authorization for examination only. The second fee dentist will be asked to conduct a dental examination and generate an independent treatment plan (including fees) and submit it, with all radiographs, to the VA fee facility.

(4) If the veteran refuses to participate in the second examination effort or to accept a treatment plan determined by VA to be satisfactory, the case will be closed and the veteran so informed.

(5) When the first fee dentist has not been authorized to provide the treatment, VA will duplicate the radiographs and return the originals to the dentist.

(6) If there is no VA healthcare facility or a second fee dentist within a reasonable geographic area, the Chief, Dental Service, or designee, without a clinical exam can render a judgment as to the extent and appropriateness of the proposed treatment. If there are significant

differences, the fee dentist will be contacted and negotiated with until a satisfactory resolution is attained.

7. EXTENDED CARE DENTAL PROGRAM

a. **Type and Extent of Treatment Furnished.** Patients in domiciliaries, long-term care units, and VA nursing home care units may be provided such dental treatment as is considered reasonably necessary to protect and maintain health. Consideration may be given to speech and appearance as essential to their rehabilitation. A continuing preventive dental care program including education in self-care oral hygiene practices will be maintained for all these beneficiaries.

b. **Eligibility Status While on Authorized Absence.** While on authorized absence from a domiciliary, patients may be provided any necessary dental treatment required, by presenting the identification card, VA Form 10-5510, Photo Identification for Domiciliary Patients, to any VA facility having resources available to furnish these services. The record of treatment provided under this authority will be furnished to the domiciliary concerned for inclusion in their treatment files.

c. **Oral Examinations.** As most patients in nursing home care units are in an age group most susceptible to cancer, a thorough, intensive extra-oral and intra-oral soft tissue examination is essential. They will be examined by a dentist as an integral part of their initial physical examination. In compliance with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standard, the initial examination and recommended treatment plan will be accomplished as soon as possible after admission. These beneficiaries will be scheduled for reexamination according to JCAHO standards for long-term care, and treatment planned as indicated.

d. **Treatment Procedures.** Extended care patients are eligible to receive dental treatment following initial or subsequent examination by the Dental Service and medical review. The requirements for informed patient consent and completion of Standard Form (SF) 522, Medical Record - Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, will apply to these patients. Upon referral from the attending physician, dental treatment may be initiated. Continuing dental care will be coordinated with the attending physician and the dental records will be incorporated in the appropriate treatment folder. The need for any remaining dental care will be fully considered prior to discharge.

8. DENTAL LABORATORIES

a. Dental Service Laboratories will be established and maintained at all VA healthcare facilities where inpatient and/or outpatient dental services are provided.

b. Central Dental Laboratories (CDLs) will be established as authorized by the Under Secretary for Health and maintained to the extent necessary for support of VA dental clinical activities in the fabrication of dental prostheses and other special appliances for which these laboratories are particularly equipped and staffed.

(1) **Determination of Requirements.** The number, type, location, sites, and equipment required for CDLs will be determined on the basis of recommendations made by the Assistant Under Secretary for Health for Dentistry.

(2) **Designation by Letter of Authorization.** CDLs, when established, will be designated by specific letter of authorization from VHA Headquarters. A copy of this assignment will be furnished to the appropriate CDL.

(3) **Utilization.** Unless unusual circumstances arise which are mutually resolved by agreements between the Chief, Dental Service, and the Chief, CDL, primarily, chrome-cobalt, porcelain-fused-to-metal, and other special appliances will be referred to the CDL for fabrication. All other oral prostheses should be processed and completed locally.

(4) **Responsibilities**

(a) VHA Headquarters Office of Dentistry. The Assistant Under Secretary for Health for Dentistry is responsible for the formulation of policies, standards and scope of CDL activities. These activities include, but are not limited to, the provision of professional, technical assistance, and oversight of system expectations impacting overall performance, e.g., turn-around time, customer satisfaction, cost-effectiveness, etc., of the laboratories. The Assistant Under Secretary for Health for Dentistry coordinates the development of and makes and recommendations for resources that are included in the recurring base of the primary fund allocations for the operation of each CDL.

(b) Directors of Healthcare Facilities

1. Director of a healthcare facility in which a CDL is located is responsible to assure that other VA facilities receiving services from the CDL are accorded fair and equitable priorities and that the requirements of any one facility do not take precedence over any other.

2. Director of a healthcare facility in which a CDL is located is responsible to the same degree for the successful operation of these activities as they are for activities that solely benefit their facility. Budgetary difficulties, workload backlogs, or other problems, which cannot be resolved by local adjustment or action, will promptly be called to the attention of the Assistant Under Secretary for Health for Dentistry.

3. Medical center policies addressing, but not limited to, employee hiring and dismissal, performance, grievance, Equal Employment Opportunity complaints, Reductions In Force, etc., will apply to the CDLs, the same as to other services at the local facility.

4. To avoid inappropriate use of the CDLs, directors of facilities with Dental Services which utilize their services are responsible for providing adequate local laboratory facilities and dental laboratory technical staff as defined in subparagraph 8b(3).

5. The Chiefs, CDLs, are directly responsible to their directors for the administration and operation of the CDLs in accordance with prescribed policies and standards. It will be the responsibility of each Chief, CDL, to:

a. Make prompt decisions upon receipt of submitted cases as to whether they are acceptable for fabrication purposes or if they must be returned to the submitting Dental Service for necessary corrections.

b. Implement and maintain quality control of all fabrications through inspection and review prior to their return to the submitting facility.

c. Assure fabrication of prosthetic devices with minimum turn-around time, while maintaining satisfactory quality; attaining maximum productivity through the best possible organization of the resources available.

d. Maintain liaison and effective communications concerning mutual problems through peer contact with dental personnel of submitting facilities.

e. Assure that the CDL technical staff possesses the capability and expertise to satisfactorily provide the full range of services requested, consistent with the mission of the VA.

f. Operate the CDL cost effectively.

(c) Chiefs, Dental Service. It is the responsibility of each Chief, Dental Service, or designee, to:

1. Ensure that Dental Service laboratory technical staff possess the capability and expertise to fully fabricate most oral prostheses locally, including cast all-metal crown and fixed partial dentures; limiting the referrals to a CDL to those specified in subparagraph 8b(3).

2. Ensure that all staff dentists, residents and dental laboratory technicians are familiar with the contents of this handbook and understand requirements related to the use of the CDL including allowing for adequate time for fabrication and transit.

3. Personally, or by a professional designee, review all cases and prescriptions for completeness and adequacy relative to CDL requirements prior to submission. **NOTE:** *The responsibility for submission may be delegated to each staff dentist or resident clinician after the*

dentist has demonstrated, on a continuing basis, that submission requirements are being satisfactorily carried out and applicable procedures are understood.

9. CUSTODY AND DISPOSITION OF ARTIFICIAL TEETH AND PRECIOUS METALS

a. Responsibility for Custody and Disposition of Artificial Teeth and Precious Metals.

The Chief of the Dental Service or the Chief of the CDL will have custody of all dental gold, platinum, chrome-cobalt, artificial teeth, bridge facings, and other expendable supplies in the Dental Clinic or CDL, as applicable, and will be held responsible for their safekeeping. The Chief of the Dental Service or the Chief of the CDL may assign a responsible member of the staff to administer the system of controls for inventory and issue of these items.

b. Accounting for Precious Metals

(1) **Basic Requirements.** Accounting must be made for all precious metals. Use of VA Forms 10-2936, Precious Metals Record Card, and 10-2609, Precious Metals Issue Slip, is optional. However, a ledger will be maintained to record:

(a) The date precious metals were received from Acquisition and Materiel Management Service (A&MMS).

(b) The combined gross troy weight of all gold received excluding fabricated bars.

(c) The number of fabricated gold bars received.

(d) The weight of platinum received.

(e) The date, name of patient, and description of each appliance fabricated.

(f) The date, name of patient, and description of unserviceable gold appliances received.

(g) The gross weight of all scrap gold turned over to the Chief, A&MMS, or designee.

(2) **Procedures.** The employee having custody of precious metals will issue the amount and type needed by the dentist or technician and record the date, amount, and type of appliance in the ledger. On completion of the appliance, all unused precious metal will be returned to the custodian for reissue (including uncontaminated gold of known quality received from patients). Buttons, crowns, etc., which are unserviceable for reissue, will be collected as scrap gold and melted into one ingot for subsequent turn-in to the Chief, A&MMS, as required by MP-2, Subchapter H, Section 108-43.313.51.

(3) **Inventory Verification.** The facility Director will designate a responsible official, other than a Dental Service employee, to verify receipts and balances of precious metals annually.

c. **Disposition of Unserviceable Prostheses.** A patient desiring to retain an unserviceable prosthesis containing gold, whether or not it was provided by VA, may be allowed to do so. A

notation that this appliance has been returned to the patient will be recorded in the ledger and signed by the patient. If the patient prefers not to accept the prosthesis, the appliance will be disposed of in accordance with subparagraph 9b(2).

d. **Dental Prostheses Lost and Found**

(1) **Dental Prostheses Found on Station.** Dental prostheses recovered on VA property will be delivered to the Chief, Dental Service, or designee, for identification and appropriate disposition. There will be coordination between the Lost and Found activity of the facility and the Dental Service. If the dentures are not claimed within 90 days, they may be disposed of as unserviceable. Any dentures containing gold will have the gold recovered and disposed of as scrap gold, in accordance with subparagraph 9b(2).

(2) **Dental Prostheses Lost by Patients.** Claims of lost prostheses by patients will not be honored for replacements unless the loss is substantiated through documentation by responsible VA officials who can attest as to their loss or destruction as a direct result of a VA employee causing the loss. Prostheses lost by patients due to their own negligence will not be replaced at VA expense.